INMX-125688388 SERFF Tracking Number: State: Arkansas State Tracking Number: Filing Company: #8600 \$25 InsureMax Insurance Company

Company Tracking Number: 16AR0608

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

AR Revision 6-08 Rule Product Name:

Project Name/Number:

# Filing at a Glance

Company: InsureMax Insurance Company

Product Name: AR Revision 6-08 Rule SERFF Tr Num: INMX-125688388 State: Arkansas

TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: #8600 \$25

Co Tr Num: 16AR0608 State Status: Fees verified and Sub-TOI: 19.0001 Private Passenger Auto

(PPA) received

Co Status: Filing Type: Rule Reviewer(s): Alexa Grissom, Betty

Montesi

Author: Jennifer Capozziello Disposition Date: 06/16/2008 Date Submitted: 06/13/2008

Disposition Status: Filed

Effective Date Requested (New): 07/07/2008 Effective Date (New): 07/07/2008

Effective Date Requested (Renewal): 07/07/2008 Effective Date (Renewal):

State Filing Description:

#### **General Information**

**Project Name:** Status of Filing in Domicile: Project Number: **Domicile Status Comments:** 

Reference Organization: Reference Number: Reference Title: Advisory Org. Circular:

Filing Status Changed: 06/16/2008

State Status Changed: 06/16/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing a rule revision to our Arkansas Private Passenger Automobile Program. This revision contains pages 3 and 12 of our Underwriting Guidelines deleting the statements that "cancellations for non-payment of premium will be considered insured's request and will incur a cancellation fee".

We cordially request an effective date of July 7, 2008 for new and renewal business.

Please contact me directly at (877) 858-4100 ext. 277 with any questions regarding this filing.

Company Tracking Number: 16AR0608

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Revision 6-08 Rule

Project Name/Number: /

Sincerely,

Jennifer Capozziello

**Product Analyst** 

# **Company and Contact**

**Filing Contact Information** 

Jennifer Capozziello, Product Analyst jcapozziello@insuremax.net 4976 SR 261 (812) 858-4100 [Phone]
Newburgh, IN 47630 (812) 858-4124[FAX]

**Filing Company Information** 

InsureMax Insurance Company CoCode: 10922 State of Domicile: Indiana

4976 SR 261 Group Code: Company Type:

PO Box 607

Newburgh, IN 47630 Group Name: State ID Number:

(812) 858-4100 ext. 277[Phone] FEIN Number: 35-2042563

-----

# **Filing Fees**

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No

Fee Explanation:

Per Company: No

CHECK NUMBER CHECK AMOUNT CHECK DATE 8600 \$25.00 06/11/2008

SERFF Tracking Number: INMX-125688388 State: Arkansas State Tracking Number: #8600 \$25

Filing Company: InsureMax Insurance Company

16AR0608

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Revision 6-08 Rule

Project Name/Number:

Company Tracking Number:

# **Correspondence Summary**

## **Dispositions**

Status	Created By	Created On	Date Submitted	
Filed	Alexa Grissom	06/16/2008	06/16/2008	

Company Tracking Number: 16AR0608

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Revision 6-08 Rule

Project Name/Number: /

# **Disposition**

Disposition Date: 06/16/2008

Effective Date (New): 07/07/2008

Effective Date (Renewal):

Status: Filed Comment:

Rate data does NOT apply to filing.

Company Tracking Number: 16AR0608

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Revision 6-08 Rule

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Surve	y Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property Casualty	&Filed	Yes
Rate	Underwriting Guidelines	Filed	Yes

Company Tracking Number: 16AR0608

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Revision 6-08 Rule

Project Name/Number: /

# **Rate Information**

Rate data does NOT apply to filing.

Company Tracking Number: 16AR0608

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Revision 6-08 Rule

Project Name/Number:

#### Rate/Rule Schedule

Review Status: Exhibit Name: Rule # or Page Rate Action Previous State Filing Attachments
#: Number:

Filed Underwriting pages 3 and 12 Replacement 08AR0108, 11AR0208 AR UWG 0608 pg 3,

Guidelines 12.pdf

## REES

# **FEES**

All fees are fully earned and are excluded from written and collected premium calculations used to determine commissions.

Fee Type	Amount	When Applied
Policy Fee	\$10	Charged at policy inception, at renewal, and for each rewritten policy. For new business, it must be collected with the down payment. It is fully earned upon issuance of the policy except for company cancellations where it will be returned pro-rata.
Direct Bill Fee	\$8	Included in each installment bill for direct billing.
AutoPay Billing Fee	\$5	Included in each installment bill for any policy using the AutoPay Plan.
Insured NSF Fee	\$25	Charged to insureds for payments returned by our bank for non-sufficient funds.
Agency NSF Fee	\$25	Charged to any agency for payments or uploads returned by our bank for non-sufficient funds.
Reinstatement Fee	\$5	Applied to all policies reinstated or renewed with a lapse in coverage due to non-payment of premium.
Late Fee	\$8	Charged for all payments received more than ten (10) days after the due date.
Cancellation Fee	\$25	Charged if the insured requests cancellation of the policy. Non payment to InsureMax or the agent is considered insured's request. This fee will not be charged if the named insured is deceased, is moving out-of-state, or is entering the military. Proper documentation must be submitted with the cancellation request in these cases.

## **CANCELLATIONS**

- Policies cannot be canceled flat unless the payer does not honor the insured's premium remittance. If the remittance is not honored, proof of this must be sent to the Company along with the cancellation request. The credit process can be expedited by entering information to <u>www.insuremax.net</u> and then sending proof of the returned payment.
- 2. If the Company receives the insured's written cancellation request, a cancellation fee will be charged. Any return of premium will be calculated on a pro-rata basis. The effective date of cancellation will be the later of the date signed by the insured or the date requested provided we receive the request within 72 hours. If there is a loss payee, a written release must also be received before the cancellation is effective. Otherwise, the Company will mail notice of cancellation and this notice will determine the cancellation date.
- Cancellations for non-payment of premium will be considered as insured's request and will incur a Cancellation Fee.
- 3. State law requires that the Company give legal notice for all policies with SR-22 filings unless proof of new coverage with a proper SR-22 filing is submitted.
- Backdated cancellations are not permitted for any reason.
- 5. Refunds due will be mailed out in a reasonable amount of time, typically 2-3 weeks after the policy cancels for insured requested cancellations.

#### **COMPANY-ISSUED CANCELLATIONS**

Please contact the Company for specific information and payment amount needed to reinstate policies that have been cancelled for underwriting reasons.

#### REINSTATEMENTS

- 1. If the installment payment is not received when due, a cancellation notice will be sent after the due date. This will be the only notice before the policy cancels.
- 2. Payments sent to the Company after a policy has cancelled will be processed as follows:
  - a. Adequate payments postmarked or accepted by an agent within seven (7) days of the policy cancellation will be used to reinstate the policy as of the cancellation date when accompanied by a Continuous Coverage Reinstatement Request Form.
  - b. Without a Continuous Coverage Reinstatement Request Form, adequate payments postmarked or accepted by an agent within seven (7) days of the policy cancellation will be reinstated with a lapse in coverage. Coverage will be reinstated one day after the postmark on the payment envelope.
  - c. Adequate payments postmarked or accepted by an agent eight (8) to thirty (30) days after the policy cancellation will be used to reinstate the policy with a lapse in coverage. Coverage can be reinstated at the date and time of the payment when a Lapse-In-Coverage Reinstatement Request Form is signed. Otherwise, coverage is reinstated one day after the postmark date on the payment envelope.
  - d. Adequate payments received more than thirty (30) days after the policy cancellation will be used to rewrite the policy. A new policy number will be assigned and the current rates will be used to determine the premium amount. Discounts and surcharges may vary from the original policy.
  - e. After a policy has been cancelled for forty-five (45) days, a new application and down payment must be submitted to bind coverage. A new policy number will be assigned and the current rates will be used to

- determine the premium amount. Discounts and surcharges may vary from the original policy.
- f. Installment payments received in the last twelve (12) days of a six-month policy term will be used to rewrite the policy.
- The Company reserves the right to deny a request for reinstatement or rewrite depending on any adverse risk characteristics.

# AUTOPAY PLAN REINSTATEMENT REQUIREMENTS

- Any policy using the AutoPay Plan that is cancelled or rescinded due to a payment not being honored by the financial institution must be rewritten or reinstated as a Direct Bill policy.
- After a Cancellation Notice has been issued for underwriting reasons, a policy can only be reinstated when:
  - The insured submits acceptable documentation for the missing underwriting information prior to the cancellation date and time.
  - The insured makes any payments due, including any applicable fees.
- Payments and information received after the cancellation date and time will be used to rewrite the policy.

INMX-125688388 SERFF Tracking Number: State: Arkansas Filing Company: InsureMax Insurance Company State Tracking Number: #8600 \$25

Company Tracking Number: 16AR0608

19.0 Personal Auto TOI: Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Revision 6-08 Rule

Project Name/Number:

# **Supporting Document Schedules**

**Review Status:** 

Filed Satisfied -Name: A-1 Private Passenger Auto 06/16/2008

Abstract

**Comments:** Attachment:

Form A-1 0608.pdf

**Review Status:** Satisfied -Name: **APCS-Auto Premium Comparison** Filed 06/16/2008

Survey

**Comments:** 

**Attachments:** 

10922IDInsureMaxInsCo08Survey 06-30-08.pdf 10922IDInsureMaxInsCo08Survey 7-07-08.xls

**Review Status:** NAIC loss cost data entry document Filed Satisfied -Name: 06/16/2008

**Comments:** Attachment:

FORM RF-1 Rate Filing Abstract 0608.pdf

**Review Status:** 

for OTHER than Workers' Comp

NAIC Loss Cost Filing Document

N/A **Bypass Reason:** 

**Comments:** 

Bypassed -Name:

**Review Status:** 

Uniform Transmittal Document-Filed Satisfied -Name: 06/16/2008

Filed

06/16/2008

**Property & Casualty** 

Comments: **Attachment:** 

Transmittal Document 0608 Rule.pdf

#### ARKANSAS INSURANCE DEPARTMENT

#### FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable, so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

	npany Name InsureMax Insurance Co. IC # (including group #) 10922			
<ol> <li>1.</li> <li>2.</li> </ol>	Are there any areas in the State of Arkansas in whit insurance?  Yes X No  If yes, list the areas:  Do you furnish a market for young drivers? X Y		vill not write auto	mobile
3.	Do you require collateral business to support a you		Yes X No	
4.	Do you insure drivers with an international or fore	<u></u>		lo
			<del></del> _	NO
5.	Specify the percentage you allow in credit or disco	ounts for the followi		
a. b. c. d.	Driver over 55 Good Student Discount Multi-car Discount Accident Free Discount* Please Specify Qualification for Discount: This is a Renewal Discount that requires the pofree (only applicable to those not receiving a discount insurance coverage).		0 % 0 % 25 % 5 %	
e. f.	Anti-Theft Discount Other (specify) Defensive Driver (age 55 and older and having course) College Graduate (Insured must be single, undwith a GPA >=3.0) Homeowner (Requires Declaration Sheet from Policy) Paid In Full (Requires Full Policy Term be paid inception or renewal) Prior Insurance	er the age of 25 m Homeowners	0 % % 5 % 5 % 10 % 5 %	
6. _	Do you have an installment payment plan for autor If so, what is the fee for installment payments? \$8		X Yes No	<b>y</b>
7.	Does your company utilize a tiered rating plan? If so, list the programs and percentage difference a	Yes X No	for each plan:	
	Program Percenta	age Difference		Volume
	THE INFORMATION PROVIDED IS CO BELIEF.	RRECT TO THE	BEST OF MY	KNOWLEDGE AND
			Signature	
			Jennifer Capozziello Printed Name	
			Product Analyst Title	
			877-858-4100 ext. 27	7
		jca	Telephone Number apozziello@insuremax	net
			Email address	

#### **Private Passenger Auto Premium Comparision Survey Form**

FORM APCS - last modified August 2005

NAIC Number: Company Name: Contact Person: Telephone No.: Email Address:

Effective Date:

10922
InsureMax Insurance Company
Jennifer Capozziello
812-858-4100 ext 277
icapozziello@insuremax.net

6/30/08

DISCOUNTS OFFERED:
PASSIVE RESTRAINT/AIRBAG
AUTO/HOMEOWNERS
GOOD STUDENT
ANTI-THEFT DEVICE
Over 55 Defensive Driver Discount
\$250/\$500 Deductible Comp./Coll.

N/A	%
5	%
N/A	%
N/A	%
5	%
N/A	%

Assumptions to Use:

1 Liability -Minimum \$25,000 per person
2 Bodily Injury \$50,000 per accident
\$25,000 per accident

- 3 Property Damage \$100 deductible per accident
- 4 Comprehensive & Collision \$250 deductible per accident
- 5 The insured has elected to accept:
  Uninsured motorist property and bodily injury equal to liability coverage
- Underinsured bodily injury equal to liability coverage 6 Personal Injury Protection of \$5,000 for medical, loss wages according to statute and \$5,000 accidental death
- 7 If male and female rates are different, use the highest of the two

Submit to:

Arkansas Insurance Department

1200 West Third Street Little Rock, AR 72201-1904

**Telephone:** 501-371-2800

Email as an attachment tinsurance.pnc@arkansas.gov You may also attach to a SERFF filing or submit

on a compact disk

\$250/\$500 Deductible C	Jonnp., 2011.	W/A	/*																		
			Fayettevil	le (72701)			Truman	n (72472)			Little Roo	:k (72201)			Lake Villa	ae (71653)			Pine Blu	ff (71601)	
	Gender	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female
Vehicle	Coverages Age	18	18	40	66	18	18	40	66	18	18	40	66	18	18 18	40	66	18	18 18	40	66
	Minimum Liability	\$1,234	\$1,413	\$590	\$718	\$1,258	\$1,436	\$617	\$745	\$1,906	\$2,180	\$920	\$1,114	\$1,381	\$1,584	\$652	\$797	\$2,441	\$2,794	\$1,172	\$1,424
1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability with Comprehensive and Collision	\$2,659	\$3,340	\$1,189	\$1,352	\$2,698	\$3,383	\$1,222	\$1,386	\$3,868	\$4,829	\$1,749	\$1,991	\$2,907	\$3,640	\$1,306	\$1,487	\$4,358	\$5,387	\$1,972	\$2,272
	100/300/50 Liability with Comprehensive and Collision	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Minimum Liability	\$1,247	\$1,426	\$603	\$731	\$1,272	\$1,450	\$631	\$759	\$1,928	\$2,202	\$942	\$1,136	\$1,395	\$1,598	\$666	\$811	\$2,487	\$2,840	\$1,218	\$1,470
2003 Ford Explorer 'XLT' 2WD, 4 door	Minimum Liability with Comprehensive and Collision	\$3,506	\$4,487	\$1,538	\$1,723	\$3,554	\$4,542	\$1,576	\$1,761	\$5,034	\$6,407	\$2,236	\$2,507	\$3,808	\$4,857	\$1,684	\$1,888	\$5,526	\$6,961	\$2,469	\$2,798
	100/300/50 Liability with Comprehensive and Collision	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Minimum Liability	\$1,247	\$1,426	\$603	\$731	\$1,272	\$1,450	\$631	\$759	\$1,928	\$2,202	\$942	\$1,136	\$1,395	\$1,598	\$666	\$811	\$2,487	\$2,840	\$1,218	\$1,470
2003 Honda Odyssey "EX"	Minimum Liability with Comprehensive and Collision	\$3,385	\$4,326	\$1,482	\$1,664	\$3,433	\$4,380	\$1,520	\$1,703	\$4,867	\$6,186	\$2,158	\$2,426	\$3,677	\$4,684	\$1,622	\$1,824	\$5,363	\$6,746	\$2,396	\$2,721
	100/300/50 Liability with Comprehensive and Collision	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Minimum Liability	\$1,247	\$1,426	\$603	\$731	\$1,272	\$1,450	\$631	\$759	\$1,928	\$2,202	\$942	\$1,136	\$1,395	\$1,598	\$666	\$811	\$2,487	\$2,840	\$1,218	\$1,470
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability with Comprehensive and Collision	\$3,677	\$4,717	\$1,610	\$1,799	\$3,726	\$4,776	\$1,649	\$1,838	\$5,269	\$6,724	\$2,335	\$2,612	\$3,991	\$5,103	\$1,762	\$1,971	\$5,755	\$7,272	\$2,565	\$2,900
	100/300/50 Liability with Comprehensive and Collision	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Minimum Liability	\$1,247	\$1,426	\$603	\$731	\$1,272	\$1,450	\$631	\$759	\$1,928	\$2,202	\$942	\$1,136	\$1,395	\$1,598	\$666	\$811	\$2,487	\$2,840	\$1,218	\$1,470
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability with Comprehensive and Collision	\$4,300	\$5,545	\$1,898	\$2,100	\$4,357	\$5,613	\$1,939	\$2,142	\$6,132	\$7,868	\$2,736	\$3,031	\$4,670	\$5,999	\$2,083	\$2,305	\$6,591	\$8,382	\$2,948	\$3,300
	100/300/50 Liability with Comprehensive and Collision	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Minimum Liability	\$1,231	\$1,410	\$587	\$715	\$1,255	\$1,433	\$614	\$742	\$1,901	\$2,175	\$915	\$1,109	\$1,378	\$1,581	\$649	\$794	\$2,431	\$2,784	\$1,162	\$1,414
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability with Comprehensive and Collision	\$2,838	\$3,571	\$1,278	\$1,444	\$2,878	\$3,616	\$1,313	\$1,479	\$4,114	\$5,149	\$1,874	\$2,121	\$3,105	\$3,894	\$1,409	\$1,593	\$4,588	\$5,689	\$2,085	\$2,389
	100/300/50 Liability with Comprehensive and Collision	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Company Tracking Number: 16AR0608

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Revision 6-08 Rule

Project Name/Number:

Attachment "10922IDInsureMaxInsCo08Survey 7-07-08.xls" is not a PDF document and cannot be reproduced here.

## NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking #							1	I6AR0608				
2.						n loss cost filing Item Filing Num						
				Comp	any Name				Comp	any NAIC Number		
3.	A.		Insu		surance Con	npany	1	В.	'	10922		
<u> </u>	Product Coding Matrix Line of Business (i.e., Type of Insurance)   Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)											
	_	Product Codi	ng Mati			., Type of Insura				urance (i.e., Sub-type of		ice)
4.	A.			19.0 Pe	rsonal Auto			В.	19.0001 Pr	ivate Passenger Auto (	PPA)	
5.												
		(A)		(5)	(0)				FOR LOSS COS		1	
	CO	VERAGE		(B) licated	(C) Requested	(D)		(E) Loss Cost	(F) Selected	(G) Expense	C	(H) o. Current
		nstructions)	%	Rate	% Rate	Expecte		Modification	Loss Cost	Constant	L	oss Cost
			Level	Change	Level Chang	je Loss Ra	tio	Factor	Multiplier	(If Applicable)	Multiplier	
BI PD												
CO												
CO	LL											
MP UM												
UM	PD											
		OVERALL			0%							
EFF	ECT											
6.		5 Year ⊢	listorv	Rat	te Change Hist	torv				7.		
	Year			% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	I State Loss	Countrywide Loss Ratio	Expense Consta	nts	Selected Provisions
	2007			7%	6/18/07	255,393	138,778		74.16%	A. Total Production Exp	pense	
	2008			4.15	1/22/08	527,316	348,505		69.31%	B. General Expense		
	2008	1,11	1	1.45	2/26/08	340,585	150,592	2 69.02%	57.26%	C. Taxes, License & Fe D. Underwriting Profit	ees	
										& Contingencies		
										E. Other (explain)		
										F. TOTAL		
8. 9. 10.		% Estimated N	Лахіти	ım Rate In		Y (Y or N)  y Insured (%). T  ny Insured (%) 1						

# **Property & Casualty Transmittal Document (Revised 1/1/06)**

1.	<b>Reserved for Insurance</b>	2. Insi	uranc	e Depart	ment U	Jse o	nly			
	Dept. Use Only	a. Date	the fi	ling is re	ceived:					
		b. Anal	yst:							
		c. Disp	osition:							
		d. Date	e of disposition of the filing:							
		e. Effec	ctive date of filing:							
			New Business							
		f Ctat	Renewal Business							
			Filin							
		g. SER			T					
		h. Subj	ect Co	odes						
3.	Group Name								Group NAIC #	
<u> </u>	O. Oup Humo								oroup muo n	
4.	Company Name(s)			Domicile			NAIC#		FEIN#	
•										
			- I			ı				
_										
5.	Company Tracking Number									
	tact Info of Filer(s) or Corporate	Officer(s)	[inclu	de toll-free	e numbe					
		Officer(s) Title		de toll-free Felephor			FAX#		e-mail	
Con	tact Info of Filer(s) or Corporate						FAX#		e-mail	
Con	tact Info of Filer(s) or Corporate						FAX #		e-mail	
Con	tact Info of Filer(s) or Corporate						FAX#		e-mail	
Con	tact Info of Filer(s) or Corporate						FAX#		e-mail	
Con	tact Info of Filer(s) or Corporate						FAX #		e-mail	
Con	tact Info of Filer(s) or Corporate						FAX #		e-mail	
Con 6.	tact Info of Filer(s) or Corporate Name and address						FAX#		e-mail	
7.	Name and address  Signature of authorized filer	Title					FAX#		e-mail	
7. 8.	Name and address  Signature of authorized filer	Title ed filer		<b>Telephor</b>	ne #s	F			e-mail	
7. 8.	Name and address  Signature of authorized filer Please print name of authorized in information (see General I	Title ed filer		<b>Telephor</b>	ne #s	F			e-mail	
7. 8.	Name and address  Signature of authorized filer	Title ed filer nstructions		<b>Telephor</b>	ne #s	F			e-mail	
7. 8. Filii	Signature of authorized filer Please print name of authorized in information (see General I	ed filer nstructions o-TOI) (s)(if		<b>Telephor</b>	ne #s	F			e-mail	
7. 8. Filii 9. 10. 11.	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Record Total Company Program Title (Mar	ed filer nstructions o-TOI) (s)(if uirements]	for de	escription	s of the	ese fie	elds)			
7. 8. Filii 9. 10.	Signature of authorized filer Please print name of authorized Interpretation (see General Interpretation) Sub-Type of Insurance (Substate Specific Product code applicable) [See State Specific Recognition of the content of the conte	ed filer nstructions o-TOI) (s)(if uirements]	for de	escription ate/Loss	s of the	ese fie	elds)		/Rules	
7. 8. Filii 9. 10. 11.	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Record Total Company Program Title (Mar	ed filer nstructions o-TOI) (s)(if uirements]	for de	escription ate/Loss	s of the	ese fie	elds)		/Rules	
7. 8. Filii 9. 10. 11.	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Record Total Company Program Title (Mar	ed filer nstructions o-TOI) (s)(if uirements]	for de	escription ate/Loss	s of the	ese fie	elds)		/Rules	

# **Property & Casualty Transmittal Document---**

15.	Reference Filing?	[] Yes [] No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	[ ] Not Filed [ ] Pending [ ] Authorized [ ] Disapproved
20.	This filing transmittal is part of Compa	any Tracking #
ı		
21.	Filing Description [This area can be used	in lieu of a cover letter or filing memorandum and is free-form text]
22.	Filing Fees (Filer must provide check # and [If a state requires you to show how you calculated the state requires you have the state of the state	d fee amount if applicable) ulated your filing fees, place that calculation below]
_	neck #: nount:	
1	r to each state's checklist for additiona	I state specific requirements or instructions on
	fer to the each state's checklist for addition red, other state specific forms, etc.)	nal state specific requirements (i.e. # of additional copies

# FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms) (Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal	is part of Company Trac	king #		
2.	This filing correspond (Company tracking number of	ds to rate/rule filing numb rate/rule filing, if applicable)	per		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacer Or withdraw	If replacement, give form # it replaces	Previous state filing number, if required by state
01			[ ] New [ ] Repla [ ] Witho		
02			[ ] New [ ] Repla [ ] Witho		
03			[ ] New [ ] Repla [ ] Witho		
04			[ ] New [ ] Repla [ ] Witho		
05			[ ] New [ ] Repla [ ] Witho		
06			[ ] New [ ] Repla [ ] Witho		
07			[ ] New [ ] Repla [ ] Witho		
08			[ ] New [ ] Repla [ ] Witho		
09			[ ] New [ ] Repla [ ] Witho		
10			[ ] New [ ] Repla [ ] Witho		

PC FFS-1

Rate Increase

# RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	-
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

Rate Neutral (0%)

Rate Decrease

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.)									
4a.	· · · · ·	Rate Ch	ange by Compa	ny (As Prop	osed)				
Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)			
I									
[									

4b. Rate Change by Company (As Accepted) For State Use Only Company Overall % Written # of Written Maximum Minimum									
Company									
Name	Rate	premium	policyholders	premium	% Change	% Change			
	Impact	change for	affected	for this					
		this	for this	program					
		program	program						
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Overall Rate Information (Complete for Multiple Company Filings only)								
			COMPANY USI	E	STATE USE			
5a.	Overall percentage rate impact for							
5b.	Effect of Rate Filing – Written prem this program							
5c.	Effect of Rate Filing – Number of p affected							
6.	Overall percentage of last rate revi							
7.	Effective Date of last rate revision							
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex B							
9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?		filing	ous state number, uired by state			
01		[ ] New [ ] Replacement [ ] Withdrawn						
02		[ ] New [ ] Replacement [ ] Withdrawn						
03		[ ] New [ ] Replacement [ ] Withdrawn						
04		[ ] New [ ] Replacement [ ] Withdrawn						
05		[ ] New [ ] Replacement [ ] Withdrawn						